

FILED SEP 17 1941  
Registration District No.

791

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.  
(b) City or town (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Sanitarium 9  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 yrs. 8 mos. 8 days  
(Specify whether  
In this community 22 years  
years, months or days)

3. (a) PRINT FULL NAME Bell Boyer

3. (b) If veteran, No name war. 3. (c) Social Security No. No

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife William Boyer 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Dec. 24, 1897  
(Month) (Day) (Year)

8. AGE: Years 43 Months 7 Days 26 If less than one day  
hr. min.

9. Birthplace Chicago Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business Housewife

12. Name Unknown

13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant John J. Ryan

(b) Address 5400 Arsenal St.

17. (a) Cremation (b) Date thereof AUG 22 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Infirmary Crematory

18. (a) Signature of funeral director J. Ryan

(b) Address 5400 Arsenal St.

19. AUG 22 1941 (b) J. J. Ryan  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 1317  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1309 So. 7th St.  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 19  
year 1941 hour 5:15 minute P. M.

21. I hereby certify that I attended the deceased from May 1st  
1941 19 to 8-19-41 19  
that I last saw him alive on 8-19-41 19  
and that death occurred on the date and hour stated above.

Immediate cause of death Parasias  
General Paralysis of the Insane  
Due to 11-2-36-x

Due to  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy YES  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)  
While at work? (e) Means of injury  
23. Signature J. J. Ryan (M. D. or other)  
Address 8-21-41 5400 Arsenal St.

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**